

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-005680

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

AMENDED

Registration District No. 042

Primary Registration District No. 1000

Registrar's No. 240

STATE FILE NUMBER

1. PLACE OF DEATH
a. COUNTY Buchananb. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN St JosephLength of stay in 1b
20 Yrs.c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Anwater Rest HomeInside Limits
Yes ☒ No ☐2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Buchanan

c. CITY OR TOWN St Joseph

Inside Limits
Yes ☐ No ☐d. STREET ADDRESS (If outside, give location)
2409 JulesReside on Farm
Yes ☐ No ☐3. NAME OF DECEASED
(Type or print)

First Middle Last

James A. Weddle

4. DATE OF DEATH

Month Day Year
Feb. 23, 1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

9/19/1886

9. AGE (last birthday)

75

IF UNDER 1 YEAR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Blacksmith

10b. KIND OF BUSINESS OR INDUSTRY

Retired

11. BIRTHPLACE (City and state or country)

Easton, Mo.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

James A. Weddle

13b. MOTHER'S MAIDEN NAME

Mary Armstrong

14. NAME OF HUSBAND OR WIFE

Claudie Weddle

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

Address St Joseph, Mo

Mrs. L.B.Christy, 2409 Jules

18. CAUSE OF DEATH (Enter only one cause per for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

DUE TO (b)

DUE TO (c)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

CARCINOMA of LARYNX
Hemorrhage into THORAX
Erosion of large vein

INTERVAL BETWEEN ONSET AND DEATH

UNKNOWN

Several Months

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Amblyopia

+ Hypertrophy of Prostate

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐SUICIDE ☐HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m. Month, Day, Year20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Dec. 1961 (approx) to Feb. 23, 1962 and last saw him alive on Feb 1-62 (approx)
Death occurred at 7:30 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Maxwell Day M.D.

22b. ADDRESS

109 N. 7th St. Joseph Mo.

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

2/26/62

23c. NAME OF CEMETERY OR CREMATORY

Independence

23d. LOCATION (City, town, or county)

Hemphre, Mo.

24. FUNERAL DIRECTOR

ADDRESS

Widener-Judd - Stuartville mo

25. DATE RECD. BY LOCAL REG.

Feb. 26, 1962

26. REGISTRAR'S SIGNATURE

Mrs. Clark Standell

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

W. E. Summers

Licensed Embalmer No.

3007

P. O. Address

Stuartsville N

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.